



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
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July 20, 2015

TO: Each Supervisor
Robin Kay for
FROM: Marvin J. Southard, D.S.W.
Director
SUBJECT: **DISPOSITIONS OF INDIVIDUALS PLACED ON INVOLUNTARY HOLDS
(ITEM NO. 38, BOARD MEETING OF JULY 7, 2015)**

During the Affordable Care Act update at the July 7, 2015, meeting of your Board, the Department of Mental Health was asked about the dispositions for individuals placed on involuntary holds. This memorandum and its attachments will provide you with the information requested.

Background

The Welfare and Institutions Codes (WIC) governing involuntary detention differ slightly for adults and minors. Adults may be involuntarily detained for mental health assessment and treatment under WIC Section 5150 (commonly referred to as "being placed on a "5150") when law enforcement officers or authorized mental health staff believe there is probable cause to believe that the detained individual is--due to a mental disorder--a danger to self or others or exhibiting a grave disability. Mental health assessment and treatment under WIC 5150 may not exceed 72 hours. Children and youth may be similarly detained under WIC 5585. WIC 5585 differs from WIC 5150 in that determination of probable cause for grave disability of a minor takes into consideration the ability of guardians to provide for the minor. Detention under WIC 5150/5585 does not require clinical assessment--the presence of probable cause may be determined by law enforcement officers.

WIC 5150/5585 detention may be initiated by law enforcement officers or by mental health professionals authorized by the Department of Mental Health (DMH) for this purpose. DMH authorizes selected mental health staff in outpatient facilities, mobile response teams, and hospitals.

Pursuant to detention under WIC 5150/5585, detained individuals receive a clinical assessment at certain facilities that provide mental health services. These facilities include mental health urgent care centers, certain local emergency rooms (including Department of Health Services Psychiatric Emergency Services) or, in limited

circumstances, psychiatric inpatient facilities. Detained individuals can be involuntarily transported to these facilities for assessment if detention occurred elsewhere.

On the basis of the mental health assessment, an individual may receive subsequent treatment in a variety of settings. Many individuals initially detained under WIC 5150/5585 are stabilized and discharged, often with voluntary outpatient mental health follow up care. Some individuals require inpatient treatment. DMH tracks information about the treatment decisions regarding individuals detained under WIC 5150/5585 at hospitals and urgent care centers. It is this information that is compiled in the attached reports.

The attached reports track two distinctly different types of dispositions for people who received mental health care pursuant to WIC 5150/5585. One type of disposition is for individuals who were assessed but were not admitted to inpatient care. The disposition describes what happened to them (e.g., referral to an outpatient program). The second type of disposition described is exclusively for individuals who were detained under WIC 5150/5585 and admitted to inpatient care. The disposition describes what happened to them after hospital discharge.

The two attachments to this memorandum correspond to the two types of dispositions. The data reflects duplicated client information for those individuals who were admitted to inpatient units. In the first attachment, their inpatient admission is noted as the disposition. In the second attachment, the disposition contains information about the subsequent inpatient discharge plan.

Information regarding the disposition of inpatients on involuntary holds is presented in Attachment A. Information regarding the disposition of adults and children seen in mental health urgent care centers is provided in Attachment B. Please note that this information is separated, based on whether the hold is for an adult or a child (i.e., a 5150 vs. 5585 respectively).

You may contact me for additional information, or your staff may contact Robin Kay, Ph.D., Chief Deputy Director. Dr. Kay can be reached at (213) 738-4108.

MJS:tld

Attachments

c: Executive Office, Board of Supervisors
Chief Executive Office
County Counsel
Robin Kay, Ph.D., DMH

County of Los Angeles – Department of Mental Health (DMH)
 Discharge Dispositions of WI&C Section 5150 Acute Psychiatric Hospitalizations
 Fiscal Years 2013-2014 and 2014-15

Table 1

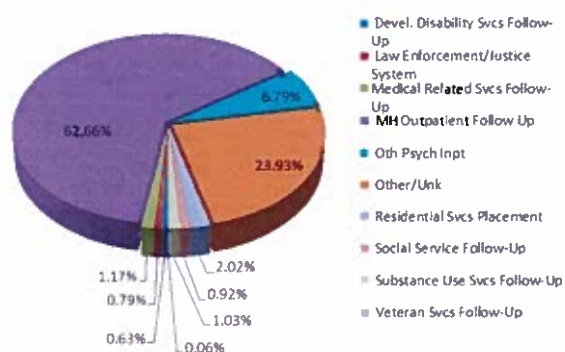
The information presented in this report focuses on discharge dispositions from DMH funded acute psychiatric hospitalizations for patients who were admitted on Welfare and Institution Code (W&IC) Section 5150 involuntary holds. The data are based on 23,180 episodes entered into the DMH Integrated System (IS) during a two fiscal year period from FY 2013-14 to FY 2014-15.

Table 1 shows the number of episodes by disposition types and Figure 1 shows the percentages. The Discharge Disposition Types include the following: Development Disability Services Follow-Up: A referral and/or linkage to an agency serving the developmentally disabled or to the Region Center for screening. Law Enforcement/Justice System Follow-Up: Referral, linkage or transfer to County Department of Probation, Police/Sheriff, Jail, Correctional Institution or Courts. Medical Related Services Follow-Up: Non-psychiatric service of general hospital, County Hospital (Non-LPS Program), Non-psychiatric service of private general hospital or other medical outpatient clinic. MH Outpatient Follow-Up: State, County Operated or Contracted Outpatient, Case Management, Day Treatment/Partial Day Care services and Fee-For-Service Network providers as well as Information and Referral services. Other Psychiatric Inpatient:

Discharge Disposition	Episodes
Development Disability Services Follow-Up	146
Law Enforcement/Justice System Follow-Up	184
Medical Related Services Follow-Up	272
MH Outpatient Follow-Up	14,524
Other Psych. Inpatient	1,574
Other/Unknown	5,547
Residential Services Placements	468
Social Service Follow-Up	213
Substance Use Services Follow-Up	239
Veteran Services Follow-Up	13
FYs 2013-14 & 14-15	23,180

Psychiatric service of a general hospital, Inpatient - County Contracted including LAC-DHS operated, Private psychiatric hospital and State Hospitals. Other/Unknown: Mostly unknown and miscellaneous dispositions. Residential Services Placements: Board and care, nursing, or convalescent home or residential placements. Social Service Follow-Up: County Department of Public Social Services, other Social Agency, County Department of Children's Services or Religious Organization/Clergy services. Substance Use Services Follow-Up: Drug/alcohol outpatient clinic, partial day detoxification program, outreach program, drug/alcohol abuse detoxification facility or recovery home. Veteran Services Follow-Up:

Figure 1



Non-psychiatric service of military or veterans hospital, psychiatric service of a military or veterans hospital, military or veterans' rehabilitation center.

Exodus
UCC 5150/5585 Disposition
Fiscal Year 2014-2015

Disposition	Urgent Care Center		
	Eastside	MLK	Westside
5150's			
Home	2,283	1,786	167
Hospital / Inpatient / PHF	688	323	144
Shelter	212	243	21
Board and Care	44	51	2
Sober Living/Residential/SNF/Substance Abuse	60	32	2
Law Enforcement	11	2	0
Other Community DC	8	0	0
Department of Child and Family Services (DCFS)	4	0	0
Total	3,310	2,437	336
5585's			
Hospital / Inpatient / PHF	517	335	0
Home	346	293	0
Board and Care	0	6	0
Department of Child and Family Services (DCFS)	8	4	0
Sober Living/Residential/SNF/Substance Abuse	5	1	0
Shelter	1	0	0
Total	877	639	0

- Data from UCCs admission logs.
- Eastside data covers admissions between 7/1/2014-6/30/2015
- MLK data covers admissions between 9/4/2014-6/30/2015
- Westside data covers admissions between 7/1/2014-8/26/2014